

Article - Insurance

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§15–1901.

- (a) In this subtitle the following words have the meanings indicated.
- (b) “Carrier” means:
 - (1) an insurer;
 - (2) a nonprofit health service plan; or
 - (3) a health maintenance organization.
- (c) “Clinically integrated organization” means:
 - (1) a joint venture between a hospital and physicians that:
 - (i) has received an advisory opinion from the Federal Trade Commission or its staff; and
 - (ii) has been established to:
 - 1. evaluate and improve the practice patterns of the health care providers; and
 - 2. create a high degree of cooperation, collaboration, and mutual interdependence among the health care providers who participate in the joint venture in order to promote the efficient, medically appropriate delivery of covered medical services; or
 - (2) a joint venture between a hospital and physicians that:
 - (i) is accountable for total spending and quality; and
 - (ii) the Commissioner determines meets the criteria established by the federal Department of Health and Human Services for an accountable care organization.
- (d) “Covered medical services” means the health care services that are included as benefits under a health benefit plan issued by a carrier.

(e) “Health benefit plan” has the meaning stated in § 15–1301 of this title.

(f) “Qualifying individual” means an individual covered under a health benefit plan issued by a carrier.

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